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| United States Bankruptcy C Northern District of Illinois | | | | | | | | | | | Voluntary Petition |
|---|---|---------------------------|---------------------|---|--|--|--------------------------------------|--|--|--|--|
| | Name of Debtor (if individual, enter Last, First, Middle): Halpin, Thomas M | | | | | | | of Joint De Ipin, Ery | ebtor (Spouse) n |) (Last, First | , Middle): |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | | used by the J maiden, and | | in the last 8 years): |
| (if more than one | , state all) | Sec. or Indi | vidual-Taxpa | yer I.D. (| ITIN)/Com | plete EIN | (if more | than one, state | all) | Individual- | Taxpayer I.D. (ITIN) No./Complete EIN |
| Street Addre 9112 S N Oak Law | ss of Debto /leade | or (No. and S | Street, City, a | nd State) | _ | ZIP Code 60453 | Street 911 Oa | X-xx-8207 Address of 2 S Mea k Lawn, I | Joint Debtor de | (No. and St | reet, City, and State): ZIP Code 60453 |
| County of Re | esidence or | of the Princ | cipal Place of | Business | | 00433 | Count | • | ence or of the | Principal Pla | ace of Business: |
| Mailing Add | ress of Deb | otor (if diffe | rent from stre | et addres | s): | | | | of Joint Debte | or (if differe | nt from street address): |
| | | | | | | ZIP Code | e | | | | ZIP Code |
| Location of I (if different f | Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | | |
| (Form o | • • | f Debtor | one box) | | | of Busines | s | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) | | | |
| (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) (Check in Health Care Bit in 11 U.S.C. § □ Railroad □ Stockbroker □ Commodity Bit in Clearing Bank | | | | le Asset Re 1 U.S.C. § road kbroker nmodity Bro | eal Estate a 101 (51B) | s defined | Chapt Chapt Chapt Chapt Chapt | er 9 er 11 er 12 | of Control | hapter 15 Petition for Recognition a Foreign Main Proceeding hapter 15 Petition for Recognition a Foreign Nonmain Proceeding | |
| Country of de Each country by, regarding, | ebtor's center | oreign procee | eding | ☐ Debt | Tax-Exe | the United S | le) ization States | defined "incurr | are primarily co I in 11 U.S.C. § ed by an indivi- onal, family, or l | (Check nsumer debts, 101(8) as dual primarily | k one box) Debts are primarily business debts. |
| Full Filing | | • | heck one box |) | | | one box: | mall business | Chapt debtor as defin | ter 11 Debt | |
| ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. ☐ Del Check if: ☐ Del Che | | | | Debtor's agg are less than all applicabl A plan is bei | regate nonco \$2,490,925 (e boxes: ng filed with | ntingent liquida amount subject this petition. | ated debts (exc to adjustment | U.S.C. § 101(51D). cluding debts owed to insiders or affiliates) on 4/01/16 and every three years thereafter). | | | |
| Acce | | | | | | | S.C. § 1126(b). | | n one or more classes of creditors, S SPACE IS FOR COURT USE ONLY | | |
| ☐ Debtor estimates that funds will be available for distribution to unsecured creditor ☐ Debtor estimates that, after any exempt property is excluded and administrative entere will be no funds available for distribution to unsecured creditors. | | | | | | es paid, | | 11110 | Janes Brokeseki est oner | | |
| Estimated Nu | | | | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | |
| Estimated As | ssets \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | |
| Estimated Lis | abilities \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | |

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Halpin, Thomas M Halpin, Eryn (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ Thomas W. Lynch April 1, 2015 Signature of Attorney for Debtor(s) (Date) Thomas W. Lynch 6194247 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signatures

$Signature(s) \ of \ Debtor(s) \ (Individual/Joint)$

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Thomas M Halpin

Signature of Debtor Thomas M Halpin

X /s/ Eryn Halpin

Signature of Joint Debtor Eryn Halpin

Telephone Number (If not represented by attorney)

April 1, 2015

Date

Signature of Attorney*

X /s/ Thomas W. Lynch

Signature of Attorney for Debtor(s)

Thomas W. Lynch 6194247

Printed Name of Attorney for Debtor(s)

Law Office of Thomas W. Lynch, P.C.

Firm Name

9231 S. Roberts Road Hickory Hills, IL 60457

Address

Email: twlpc@att.net

(708) 598-5999 Fax: (708) 598-6299

Telephone Number

April 1, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Halpin, Thomas M Halpin, Eryn

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | Case No. | |
|-------|--------------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| D (Official Form 1, Exhibit D) (12/09) - Cont. | e 2 |
|---|-----|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable attement.] [Must be accompanied by a motion for determination by the court.] | |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to | |
| financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being | |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, of through the Internet.); | r |
| ☐ Active military duty in a military combat zone. ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling | |
| quirement of 11 U.S.C. § 109(h) does not apply in this district. | |
| I certify under penalty of perjury that the information provided above is true and correct. | |
| Signature of Debtor: /s/ Thomas M Halpin Thomas M Halpin | |
| Date: April 1, 2015 | |

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | Case No. | |
|-------|--------------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page |
|--|--|
| ☐ 4. I am not required to receive a credit constatement.] [Must be accompanied by a motion for a | unseling briefing because of: [Check the applicable |
| | § 109(h)(4) as impaired by reason of mental illness or |
| ± • • • | alizing and making rational decisions with respect to |
| financial responsibilities.); | unzing and making fational decisions with respect to |
| 1 / / | 109(h)(4) as physically impaired to the extent of being |
| • · · · · · · · · · · · · · · · · · · · | in a credit counseling briefing in person, by telephone, or |
| through the Internet.); | in a create counseling offering in person, by terephone, or |
| ☐ Active military duty in a military c | combat zone. |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in | administrator has determined that the credit counseling this district. |
| I certify under penalty of perjury that the | information provided above is true and correct. |
| Signature of Debtor: | /s/ Eryn Halpin |
| C | Eryn Halpin |
| Date: April 1, 2015 | |
| | |

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin, | | Case No | | |
|-------|------------------|---------|---------|---|--|
| | Eryn Halpin | _ | | | |
| | | Debtors | Chapter | 7 | |
| | | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 210,000.00 | | |
| B - Personal Property | Yes | 3 | 38,215.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 250,521.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 5 | | 16,366.31 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 4,278.89 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 6,815.00 |
| Total Number of Sheets of ALL Schedu | ıles | 18 | | | |
| | To | otal Assets | 248,215.00 | | |
| | | | Total Liabilities | 266,887.31 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin, | Case No. | | | |
|-------|------------------|----------|---------|---|--|
| | Eryn Halpin | | | | |
| _ | | Debtors | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 4,278.89 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 6,815.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 7,283.37 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 40,521.00 |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 16,366.31 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 56,887.31 |

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B6A (Official Form 6A) (12/07)

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Ervn Halpin | |

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| single family residence located at 9112 Meade | | J | 210,000.00 | 250,521.00 |
|---|--|---|--|----------------------------|
| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |

Avenue, Oak Lawn, Illinois 60453. Purchased in 2007 for \$280,000. Last refinanced in 2013 to lower interest rate.

> Sub-Total > 210,000.00 (Total of this page)

210,000.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Eryn Halpin | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|--|---|---|---|
| 1. | Cash on hand | pocket cash | J | 10.00 |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, | joint checking account at Midland Savings and Loan | J | 500.00 |
| | thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | checking account at Lake Michigan Credit Union | Н | 5.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | kitchen, living room, family room, and bedroom furniture and misc. household appliances including 3 televisions |) J | 1,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | |
| 6. | Wearing apparel. | clothes | J | 500.00 |
| 7. | Furs and jewelry. | wedding rings | J | 2,200.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | on the job life insurance, no cash value | Н | 0.00 |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | | |

Sub-Total > 4,215.00 (Total of this page)

² continuation sheets attached to the Schedule of Personal Property

Case 15-13725 Doc 1 Filed 04/17/15 Entered 04/17/15 11:36:09 Desc Main Document Page 12 of 41

B6B (Official Form 6B) (12/07) - Cont.

| In re | Thomas M Halpin, Eryn Halpin | Case No. |
|--------------|---------------------------------|---|
| - | | Debtors SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet) |

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--|---|--|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401(k) | н | 28,000.00 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | | 2014 income tax refund received (\$7579) used to pay bills, catch up on mortgage payments, and utilities | J | 0.00 |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tota | al > 28,000.00 |
| | | | (Tota | Sub-100 al of this page) | a1 / 20,000.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-13725 Doc 1 Filed 04/17/15 Entered 04/17/15 11:36:09 Desc Main Page 13 of 41 Document

B6B (Official Form 6B) (12/07) - Cont.

| In re | Thomas M Halpin, |
|-------|------------------|
| | Eryn Halpin |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | Х | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and | 1997 | 7 Nissan Sentra w/ 80,000 miles | н | 1,200.00 |
| | other vehicles and accessories. | 2008 | 8 Chrysler Pacifica w/ 103,000 miles | W | 4,600.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | lapt | op computer | J | 200.00 |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > (Total of this page)

6,000.00

Total >

38,215.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Ervn Halpin | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box) | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| ☐ 11 U.S.C. §522(b)(2) | with respect to cases commenced on or after the date of adjustment.) |
| ■ 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------------|---|
| Real Property single family residence located at 9112 Meade Avenue, Oak Lawn, Illinois 60453. Purchased in 2007 for \$280,000. Last refinanced in 2013 to lower interest rate. | 735 ILCS 5/12-901 | 30,000.00 | 210,000.00 |
| Cash on Hand pocket cash | 735 ILCS 5/12-1001(b) | 10.00 | 10.00 |
| Checking, Savings, or Other Financial Accounts, C joint checking account at Midland Savings and Loan | Certificates of Deposit 735 ILCS 5/12-1001(b) | 500.00 | 500.00 |
| checking account at Lake Michigan Credit Union | 735 ILCS 5/12-1001(b) | 5.00 | 5.00 |
| Household Goods and Furnishings kitchen, living room, family room, and bedroom furniture and misc. household appliances including 3 televisions | 735 ILCS 5/12-1001(b) | 1,000.00 | 1,000.00 |
| Wearing Apparel clothes | 735 ILCS 5/12-1001(a) | 500.00 | 500.00 |
| Furs and Jewelry wedding rings | 735 ILCS 5/12-1001(b) | 2,200.00 | 2,200.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension of 401(k) | or Profit Sharing Plans 735 ILCS 5/12-1006 | 100% | 28,000.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 1997 Nissan Sentra w/ 80,000 miles | 735 ILCS 5/12-1001(c) | 2,400.00 | 1,200.00 |
| 2008 Chrysler Pacifica w/ 103,000 miles | 735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b) | 2,400.00 2,200.00 | 4,600.00 |
| Office Equipment, Furnishings and Supplies laptop computer | 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |

| Total: | 69.415.00 | 248.215.00 |
|--------|-----------|------------|
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Eryn Halpin | |

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | | | | _ | | | | |
|--|----------|--------------|--|------|--------------|----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H H | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COXF | UNLLQULDAHED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. 130501095 | | | Opened 5/01/13 Last Active 2/23/15 | ╹ | T E | | | |
| | | | Mortgage | Н | D | | | |
| Lake Mich Cu Attn: Collections | | | single family residence located at 9112 | | | | | |
| Po Box 2848 | | | Meade Avenue, Oak Lawn, Illinois 60453. | | | | | |
| Grand Rapids, MI 49501 | | Н | Purchased in 2007 for \$280,000. Last refinanced in 2013 to lower interest rate. | | | | | |
| | | | | | | | | |
| | L | ⊢ | Value \$ 210,000.00 | Н | | Н | 250,521.00 | 40,521.00 |
| Account No. | ļ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | | | | | |
| Account No. | T | T | | П | | | | |
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| | | | | Ш | | | | |
| | | | Value \$ | Ц | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | Value \$ | | | | | |
| _ | | | | ubto | ota | | | |
| o continuation sheets attached | | | (Total of th | | | | 250,521.00 | 40,521.00 |
| | | | • | - | ota | ı | 050 504 00 | 40 504 55 |
| | | | (Report on Summary of Sc | | | | 250,521.00 | 40,521.00 |
| | | | (Report on building of Be | iicu | uic | 0) | | |

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B6E (Official Form 6E) (4/13)

| In re | Thomas M Halpin, | Case No. | |
|-------|------------------|--------------|--|
| | Eryn Halpin | | |
| - | | , Debtors | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

| Check this box it deotor has no creditors holding unsecured priority claims to report on this schedule E. |
|---|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible related of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. $11 \text{ U.S.C.} \$ 507(a)(3)$. |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

0 continuation sheets attached

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Thomas M Halpin, Eryn Halpin | | Case No. | |
|-------|---------------------------------|---------|----------|--|
| | | Debtors | ., | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| 8 | | | | | | | | |
|---|----------|-----|--|-------------|-----|----------|-------------|-----------------|
| CREDITOR'S NAME, | Ç | Hu | sband, Wife, Joint, or Community | Č | U | T | Þ | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | U C | | COXHLXGEXH | I Q | <u> </u> | U T F | AMOUNT OF CLAIM |
| Account No. | | | balance due for unpaid medical services | ' | Ė | | | |
| Adroita 120 E Ogden Ave Suite 106 Hinsdale, IL 60521 | | J | | | | | | 144.00 |
| Account No. | T | Г | Balance due for unpaid medical services | \top | T | t | ┪ | |
| Adventist Hinsdale Hospital 75 Remittance Dr Suite 3250 Chicago, IL 60675-3250 | | J | | | | | | 4,204.22 |
| Account No. | | | | | | Τ | T | |
| Adventist Hinsdale Hospital PO Box 3495 Toledo, OH 43607 | | | Representing: Adventist Hinsdale Hospital | | | | | Notice Only |
| Account No. | | | Balance due for unpaid medical services | | П | T | ╗ | |
| Adventist Hinsdale Hospital 75 Remittance Dr Suite 3250 Chicago, IL 60675-3250 | | J | | | | | | |
| | | | | | | | | 988.32 |
| | | | (Total of t | Sub this | | | - 1 | 5,336.54 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M Halpin, | Case No |
|-------|------------------|---------|
| _ | Eryn Halpin | , |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT | I S P U T F | S J T = | AMOUNT OF CLAIM |
|--|----------|------------------------|---|-------------|-------------|----------------------------|---------------------|-----------------|
| Account No. Adventist Hinsdale Hospital Bankruptcy Department 120 North Oak Street Hinsdale, IL 60521 | - | | Representing: Adventist Hinsdale Hospital | _ | T E D | | _ | Notice Only |
| Account No. Advocate Health Care P.O. Box 70508 Chicago, IL 60673 | _ | J | Balance due for unpaid medical services | | | | | 0.00 |
| Account No. Advocate Christ Medical Center Bankruptcy Dept 4440 W 95th Street Oak Lawn, IL 60453 | - | | Representing: Advocate Health Care | | | | | Notice Only |
| Account No. 451610026758 Bankfinancial, Fsb 48 Orland Square Dr Orland Park, IL 60462 | | w | Opened 6/01/07 Last Active 2/14/15 Check Credit Or Line Of Credit | | | | | 207.00 |
| Account No. 5489555110273630 Capital One Po Box 30253 Salt Lake City, UT 84130 | | w | Opened 8/01/04 Last Active 3/03/12 Credit Card | | | | | 539.00 |
| Sheet no1 of _4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | \int_{0}^{∞} | 746.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Eryn Halpin | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | 10 | ı | | 10 | T | 1. | |
|---|----------|------------------------|---|-----------|--------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | ŀ | S P U T E | AMOUNT OF CLAIM |
| Account No. | | | Balance due for unpaid medical services | | E D | | |
| Center for Psychological Services 10735 S Cicero Ave Ste 208 Oak Lawn, IL 60453 | | J | | | | | 0.00 |
| Account No. 4227651019083822 | - | _ | Opened 10/01/96 Last Active 2/23/15 | + | ┞ | | 0.00 |
| Chase Bp Prvt Lbl Po Box 15298 Wilmington, DE 19850 | | н | Charge Account | | | | |
| | | | | | | | 881.00 |
| Account No. 4447962210694075 Credit One Bank Po Box 98873 Las Vegas, NV 89193 | | w | Opened 7/01/12 Last Active 2/24/15 Credit Card | | | | 538.00 |
| Account No. 158677573026 | | | Opened 2/01/12 | + | | | |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 | | w | Collection Attorney Med1 02 Midwest Anesthesia Ltd | | | | |
| Account No. | | | Balance due for unpaid medical services | + | _ | | 88.00 |
| Minuteclinic Diagnostic of IL ATTN# 8446W PO Box 14000 Belfast, ME 04915-4033 | | J | | | | | 18.73 |
| Sheet no. 2 of 4 sheets attached to Schedule of | | | | Sub | tota | ıl | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 1,525.73 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M Halpin, | Case No. | |
|-------|------------------|----------|--|
| _ | Eryn Halpin | , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | ļ c | Ü | P | |
|---|----------|-------------|---|------------|-------------|------------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | 42m02-4200 | I D | P U T E | AMOUNT OF CLAIM |
| Account No. | | | Balance due for unpaid medical services | T | A T E | | |
| Minuteclinic Diagnostic of IL ATTN# 8446W PO Box 14000 Belfast, ME 04915-4033 | | J | | | D | | 21.92 |
| Account No. 6071306544305334 | T | | Opened 12/01/14 Last Active 2/21/15 | П | Г | Г | |
| Onemain Fi 6801 Colwell Blvd Irving, TX 75039 | | н | Unsecured | | | | |
| | | | | | | | 1,512.00 |
| Account No. P30820439601 Personal Finance Co. 10945 S. Cicero Oak Lawn, IL 60453 | | н | Opened 12/01/14 Last Active 2/23/15 Household Goods Secured | | | | 4,506.00 |
| Account No. | T | | Balance due for unpaid medical services | П | Г | Г | |
| Radiology Imaging Consultants Bankruptcy Department 9413 Eagle Way Chicago, IL 60678-1094 | | J | | | | | 318.00 |
| Account No. | t | T | | \top | \vdash | T | |
| Radiology Imaging Consultants Bankruptcy Department 75 Remittance Dr., Dept 1324 Chicago, IL 60675 | | | Representing: Radiology Imaging Consultants | | | | Notice Only |
| Sheet no3 of _4 sheets attached to Schedule of | | | | Subt | | | 6,357.92 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | nis 1 | pag | e) | ,,,,,,, |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Thomas M Halpin, | Case I | No |
|-------|------------------|--------|----|
| | Eryn Halpin | | |

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. Superior Air Ground Amb Service PO Box 1407 Elmhurst, IL 60126 | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Balance due for unpaid medical services | COZH_ZGEZH | L | PUTED | S S S S S S S S S S | AMOUNT OF CLAIM |
|--|----------|------------------------|--|--------------|--------------|---------|---------------------------------------|-----------------|
| Account No. 483134333 | | | Opened 12/01/14 Last Active 2/23/15 | \downarrow | igdash | | $\frac{1}{1}$ | 125.12 |
| Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440 | | н | Credit Card | | | | | |
| A | _ | | | igspace | igspace | | 4 | 535.00 |
| Account No. US Cellular PO Box 0203 Palatine, IL 60055-0203 | | J | | | | | | 0.00 |
| Account No. | | | | + | - | | \dagger | |
| US Cellular Dept 0205 Palatine, IL 60055-0205 | | | Representing: US Cellular | | | | | Notice Only |
| Account No. 4705000249130071 Wells Fargo Home Projects Visa Wells Fargo Financial 1 Home Campus 3rd Floor Des Moines, IA 50328 | | н | Opened 9/01/10 Last Active 2/24/15 Credit Card | | | | | 4740.65 |
| Sheet no4 _ of _4 _ sheets attached to Schedule of | | <u> </u> | | Subt | tota | L al | + | 1,740.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | |) | 2,400.12 |
| | | | (Report on Summary of So | | Γota dule | | , [| 16,366.31 |

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B6G (Official Form 6G) (12/07)

| In re | Thomas M Halpin, | Case No. |
|-------|------------------|----------|
| | Ervn Halpin | |

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-13725 Doc 1 Filed 04/17/15 Entered 04/17/15 11:36:09 Desc Main Document Page 23 of 41

B6H (Official Form 6H) (12/07)

| In re | Thomas M Halpin, | Case No |
|-------|------------------|---------|
| | Ervn Halpin | |

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| | in this information to identify your c | | | | | | | | |
|------------------------|---|---|--|---------------------|------------------|-------------------------------------|----------------------------|-------------------------------|-----------------|
| Del | otor 1 Thomas M I | <u>lalpin</u> | | | _ | | | | |
| | btor 2 Eryn Halpin | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| _ | se number nown) | | | | | | ded filing ment showi | ng post-petition | |
| 0 | fficial Form B 6I | | | | | MM / DD | YYYY | | |
| S | chedule I: Your Inc | ome | | | | , 22 | | | 12/1 |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your ith you, do not include | spouse ude infor | is livi matic | ing with you, in on about your s | clude infor pouse. If m | mation about nore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debto | 2 or non- | filing spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | □ Em | ployed | | |
| | attach a separate page with information about additional | . , | ☐ Not employed | | | ■ Not | employed | | |
| | employers. | Occupation | Branch Manage | er | | home | maker | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Apria Health C | are | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 26220 Enterpris Lake Forest, C | | | | | | |
| | | How long employed t | here? 23 yea | rs | | | | | |
| Esti spou If you | imate monthly income as of the duse unless you are separated. ou or your non-filing spouse have me e space, attach a separate sheet to be used to be used. List monthly gross wages, saladed using a language of the separate sheet to be used. | ate you file this form. If ore than one employer, countries form. | ombine the information | on for all e | , | , . | For De | , | Ü |
| 3. | deductions). If not paid monthly, Estimate and list monthly over | | y wage would be. | 2. 3. | +\$ | 0.00 | - : | 0.00 | • |
| | • | | | | | | | | • |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 7,215.87 | \$ | 0.00 | |

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| | otor 1 otor 2 | Thomas M Halpin Eryn Halpin | - | Ca | ase number (<i>if known</i>) | | | | |
|---------|--------------------|--|-------------------|----------------|--------------------------------|-------------|-------------------|-------------------|-----------------|
| | | | | F | For Debtor 1 | | Debtor 2 | | |
| | Cop | by line 4 here | 4. | \$ | 7,215.87 | \$ | ······g op | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5a. 5b. | \$ \$ \$ | 0.00 | \$ _ | | 0.00 | |
| | 5c. 5d. 5e. | Required repayments of retirement fund loans Insurance | 5c. 5d. 5e. | \$ \$ | 249.95 | \$_ \$_ | | 0.00 0.00 | |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g. | \$ | 0.00 | \$ <u></u> | | 0.00 | • |
| | 5h. | Other deductions. Specify: | _ 5h.+ | - \$ | 0.00 | + \$ | | 0.00 | • |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,936.98 | \$ | | 0.00 | |
| 7. o | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,278.89 | \$ | | 0.00 | • |
| 8. | 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | • | | | • | | | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | \$ \$ | | \$ <u> </u> | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | | \$ _ | | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | | \$ | | 0.00 | • |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | | \$ — | | 0.00 | • |
| | 8h. | Other monthly income. Specify: | 8h.+ | - \$ | 0.00 | + \$ | | 0.00 | • |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.00 | \$ | | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 4,278.89 + \$ | | 0.00 | = \$ | 4,278.89 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify: | depen | | | | Schedule . 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies | | | , | | 12. | \$ | 4,278.89 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | Combin monthly | ned y income |
| | 7 | No. Ves Evolain: | | | | | | | |

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| Fill | in this informa | ation to identify yo | our case: | | | | | |
|------------|-------------------------------|--|---------------------------|--|--|------------------------|--|---|
| | otor 1 | | | | | Ch | eck if this is: | |
| Deb | noi i | Thomas M F | iaipin | | | | An amended filing | |
| Deb | tor 2 | Eryn Halpin | | | | | A supplement show | wing post-petition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bank | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | IOIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | A separate filing fo 2 maintains a sepa | r Debtor 2 because Debtor rate household |
| Of | fficial Fo | orm B 6J | | | | | | |
| So | chedule | J: Your | <u> </u> | ises | | | | 12/13 |
| Be info | as complete ormation. If n | and accurate as | s possible. eded, atta | . If two married people a ch another sheet to this | re filing together, bot form. On the top of a | th are eq any addit | ually responsible fo ional pages, write y | or supplying correct your name and case |
| | | ribe Your House | ehold | | | | | |
| 1. | Is this a joi | | | | | | | |
| | □ No. Go t | | | ata hawaahald0 | | | | |
| | | es Debtor 2 live | ın a separ | ate nousenoid? | | | | |
| | | | . 61 | | | | | |
| | | | • | parate Schedule J. | | | | |
| 2. | Do you hav | e dependents? | ☐ No | | | | | |
| | Do not list Debtor 2. | Debtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relatio Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state | e the | | | | | | □ No |
| | dependents | ' names. | | | Daughter | | 9 | ■ Yes |
| | | | | | Davaktas | | 47 | □ No |
| | | | | | Daughter | | _ 17 | ■ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | penses include of people other t od your depende | han 🗖 | No Yes | | | | |
| Est exp | imate your e | a date after the | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a sup | | | | |
| the | | h assistance an | | government assistance sluded it on Schedule I: | | | Your exp | enses |
| 4. | | | | ses for your residence. | Include first mortgage | _ | Φ. | 1,925.00 |
| | . , | nd any rent for th | e ground o | r lot. | | 4. | Φ | 1,323.00 |
| | If not inclu | ded in line 4: | | | | | | |
| | | estate taxes | | | | 4a. | · | 0.00 |
| | | erty, homeowner' | | 's insurance ıpkeep expenses | | 4b. 4c. | | 0.00 |
| | | e maintenance, re eowner's associa | • | | | 4d. | | 0.00 |
| 5. | | | | our residence, such as ho | ome equity loans | 5. | · | 0.00 |

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| ebtor 1 | Thomas | M Halpin | | | |
|-------------|-------------------------------------|---|-------------|-----------------|--------------------------|
| btor 2 | Eryn Hal | pin | Case num | ber (if known) | |
| | | | | | |
| Util 6a. | lities: | heat natural dae | 60 | \$ | 200.00 |
| | • | heat, natural gas | 6a. | · | 300.00 |
| 6b. | | ver, garbage collection | 6b. | \$ | 200.00 |
| 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 450.00 |
| 6d. | | | 6d. | \$ | 0.00 |
| | | ekeeping supplies | 7. | \$ | 1,000.00 |
| Chi | ildcare and c | hildren's education costs | 8. | \$ | 475.00 |
| Clo | thing, laundi | ry, and dry cleaning | 9. | \$ | 200.00 |
| Per | sonal care p | roducts and services | 10. | \$ | 100.00 |
| Med | dical and der | ntal expenses | 11. | \$ | 1,200.00 |
| Tra | nsportation. | Include gas, maintenance, bus or train fare. | | | <u> </u> |
| Do | not include ca | ar payments. | 12. | \$ | 600.00 |
| Ent | tertainment, d | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| Cha | aritable conti | ributions and religious donations | 14. | \$ | 40.00 |
| Ins | urance. | | | | |
| Do | not include in | surance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | a. Life insura | nce | 15a. | \$ | 0.00 |
| 15b | o. Health insu | urance | 15b. | \$ | 0.00 |
| 15c | . Vehicle ins | surance | 15c. | \$ | 200.00 |
| 15d | d. Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| Tax | ces. Do not in | clude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | ecify: | , , , | 16. | \$ | 0.00 |
| Inst | tallment or le | ease payments: | | | |
| | | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b | . Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c | . Other. Spe | ecify: | 17c. | \$ | 0.00 |
| | l. Other. Spe | | 17d. | \$ | 0.00 |
| | • | of alimony, maintenance, and support that you did not report as | | <u> </u> | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 61). | 18. | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | ecify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on Sch | edule I: Yo | our Income. | |
| | | on other property | 20a. | | 0.00 |
| 20b | . Real estate | e taxes | 20b. | \$ | 0.00 |
| 20c | . Property, h | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | ce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | er's association or condominium dues | 20e. | · | 0.00 |
| | ner: Specify: | | 206. | · | |
| Otti | ier. Specify. | Tolls | | +φ | 25.00 |
| Υοι | ur monthly ex | xpenses. Add lines 4 through 21. | 22. | \$ | 6,815.00 |
| The | e result is you | r monthly expenses. | | - | <u> </u> |
| Cal | culate your r | nonthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,278.89 |
| | | monthly expenses from line 22 above. | 23b. | -\$ | 6,815.00 |
| | 1, 3, 5 | - , | | | <u> </u> |
| 230 | . Subtract ve | our monthly expenses from your monthly income. | | | |
| _00 | | is your monthly net income. | 23c. | \$ | -2,536.11 |
| For | example, do yo dification to the | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | or decrease because of a |
| | No. | | | | |
| | Yes. | Debtors' daughter has severe health problems. Has on | going ho | spitalzation an | d therapy treatments |
| | olain: | | | • | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Eryn Halpin | | Case No. | |
|-------|-------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of | 20 |
|--|----|
| sheets, and that they are true and correct to the best of my knowledge, information, and belief. | |
| | |

| Date | April 1, 2015 | Signature | /s/ Thomas M Halpin |
|------|---------------|-----------|---------------------|
| | | <u> </u> | Thomas M Halpin |
| | | | Debtor |
| Date | April 1, 2015 | Signature | /s/ Eryn Halpin |
| | | <u> </u> | Eryn Halpin |
| | | | Joint Debtor |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | Case No. | |
|-------|--------------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$16,652.00 2015 husband wages estimated YTD as of 3/06/15

\$95,004.00 2014 joint income \$90,204.00 2013 joint income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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B7 (Official Form 7) (04/13)

2

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT
PAID OR
VALUE OF AMOUNT STILL
TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B7 (Official Form 7) (04/13)

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Law Office of Thomas W. Lynch, P.C. 9231 S. Roberts Road Hickory Hills, IL 60457

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR various dates AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,612.00 + reimbursement of
\$335.00 filing fee and \$53.00
credit report fee

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4

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT **NOTICE** LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **vears** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND

NATURE OF BUSINESS **ENDING DATES**

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | April 1, 2015 | Signature | /s/ Thomas M Halpin |
|------|---------------|-----------|---------------------|
| | | | Thomas M Halpin |
| | | | Debtor |
| Date | April 1, 2015 | Signature | /s/ Eryn Halpin |
| | | | Eryn Halpin |
| | | | Joint Debtor |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | | Case No. | | |
|----------------------------------|--|--------------------------|--|---------------------------------------|------------------------------------|-----------|
| | | | Debtor(s) | Chapter | 7 | |
| PART | CHAPTER 7 INC A - Debts secured by property of property of the estate. Attach ad | the estate. (Part A | | | | by |
| Proper | ty No. 1 | iditional pages if he | | | | |
| Creditor's Name: Lake Mich Cu | | | Describe Property Securing Debt: single family residence located at 9112 Meade Avenue, Oak Lawn, Illinois 60453. Purchased in 2007 for \$280,000. Last refinanced in 2013 to lower interest rate. | | | |
| - | ty will be (check one): | | I | | | |
| | Surrendered | ■ Retained | | | | |
| | ining the property, I intend to (check at Redeem the property Reaffirm the debt Other. Explain Debtor will retain (22(f)). | | nue making payments | s (for example | e, avoid lien using 11 U.S.C | . § |
| | rty is (check one): Claimed as Exempt | | ☐ Not claimed as e | xempt | | |
| | B - Personal property subject to unex additional pages if necessary.) | pired leases. (All three | ee columns of Part B n | nust be complet | ted for each unexpired lease |). |
| Proper | ty No. 1 |] | | | | |
| Lesson | r's Name: =- | Describe Leased P | roperty: | Lease will b U.S.C. § 365 □ YES | ee Assumed pursuant to 11 5(p)(2): | |
| person | re under penalty of perjury that the al property subject to an unexpired April 1, 2015 | | / intention as to any particles / Is/ Thomas M Halpin Debtor | | estate securing a debt an | d/or |
| Date _ | April 1, 2015 | Signature | /s/ Eryn Halpin Eryn Halpin Joint Debtor | | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | Case No. | | | |
|--------|--|--|--|--------------------------|--------------|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOI | RNEY FOR D | EBTOR(S) | | |
| ŗ | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 paid to me within one year before the filing of the petition pehalf of the debtor(s) in contemplation of or in connection. | ion in bankruptcy, or agreed to b | e paid to me, for se | | | |
| | For legal services, I have agreed to accept | | \$ | 1,612.00 | | |
| | Prior to the filing of this statement I have received | | | 1,612.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | | |
| 3. Т | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. Т | Γhe source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. l | ■ I have not agreed to share the above-disclosed com | pensation with any other person | unless they are men | nbers and associates of | my law firm. | |
| I | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | ıw firm. A | |
| 6. l | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| t c | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho | tement of affairs and plan which tors and confirmation hearing, an reduce to market value; exe ons as needed; preparation | n may be required; and any adjourned he emption planning | earings thereof; | iling of | |
| 7. I | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | ces, relief from stay | actions or | |
| | | CERTIFICATION | | | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | ny agreement or arrangement for | payment to me for | representation of the de | ebtor(s) in | |
| Dated | l: April 1, 2015 | /s/ Thomas W. Ly | nch | | | |
| | | Thomas W. Lync | h 6194247 | | _ | |
| | | Law Office of The 9231 S. Roberts I | | r. u. | | |
| | | Hickory Hills, IL 6 | 60457 | _ | | |
| | | (708) 598-5999 F twlpc@att.net | ax: (708) 598-629 | 99 | | |
| | | po Cataniot | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

| | 11010 | nern Bistrict of mimors | | |
|-----------------|---|--|-------------------------|----------------------------|
| In re | Thomas M Halpin Eryn Halpin | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | CERTIFICATION OF N UNDER § 342(b) | NOTICE TO CONSUM OF THE BANKRUPT | • |) |
| Code. | Cer I (We), the debtor(s), affirm that I (we) have rece | rtification of Debtor eived and read the attached n | otice, as required by § | § 342(b) of the Bankruptcy |
| Thoma Eryn H | as M Halpin Halpin | ${ m X}$ /s/ Thomas M | Halpin | April 1, 2015 |
| Printed | d Name(s) of Debtor(s) | Signature of D | ebtor | Date |
| Case N | No. (if known) | X /s/ Eryn Halpi | n | April 1, 2015 |
| | | Signature of Jo | oint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas M Halpin Eryn Halpin | | Case No. | |
|-------|---|---|--------------------------|-------------------|
| | | Debtor(s) | Chapter 7 | |
| | • | VERIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 23 |
| | The above-named Debtor (our) knowledge. | r(s) hereby verifies that the list of credi | tors is true and correct | to the best of my |
| Date: | April 1, 2015 | /s/ Thomas M Halpin Thomas M Halpin | | |
| | | Signature of Debtor | | |
| Date: | April 1, 2015 | /s/ Eryn Halpin | | |
| | | Eryn Halpin | | |
| | | Signature of Debtor | | |

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PO Box 0203 Palatine. IL 60055-0203

Adventist Hinsdale Hospital 75 Remittance Dr Suite 3250 Chicago, IL 60675-3250

Lake Mich Cu Attn: Collections Po Box 2848 Grand Rapids, MI 49501 US Cellular Dept 0205 Palatine, IL 60055-0205

Adventist Hinsdale Hospital PO Box 3495 Toledo, OH 43607

Med Business Bureau Po Box 1219 Park Ridge, IL 60068

Wells Fargo Home Projects Visa Wells Fargo Financial 1 Home Campus 3rd Floor Des Moines, IA 50328

Adventist Hinsdale Hospital Bankruptcy Department 120 North Oak Street Hinsdale, IL 60521

Minuteclinic Diagnostic of IL ATTN# 8446W PO Box 14000 Belfast, ME 04915-4033

Advocate Christ Medical Center Bankruptcy Dept 4440 W 95th Street Oak Lawn, IL 60453

Onemain Fi 6801 Colwell Blvd Irving, TX 75039

Advocate Health Care P.O. Box 70508 Chicago, IL 60673

Personal Finance Co. 10945 S. Cicero Oak Lawn, IL 60453

Bankfinancial, Fsb 48 Orland Square Dr Orland Park, IL 60462 Radiology Imaging Consultants Bankruptcy Department 9413 Eagle Way Chicago, IL 60678-1094

Capital One Po Box 30253 Salt Lake City, UT 84130 Radiology Imaging Consultants Bankruptcy Department 75 Remittance Dr., Dept 1324 Chicago, IL 60675

Center for Psychological Services 10735 S Cicero Ave Ste 208 Oak Lawn, IL 60453

Superior Air Ground Amb Service PO Box 1407 Elmhurst, IL 60126

Chase Bp Prvt Lbl Po Box 15298 Wilmington, DE 19850 Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440